# Senate Health & Human Services Committee Hearing Charge #2

April 14, 2010

SB 2080 Task Force on Child Abuse Prevention and Child Welfare
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# Charge #2 Purpose

- *Improve coordination and maximize delivery of primary and secondary effective prevention and promotion programs and strategies to the populations at highest-risk of developing overlapping social problems.*

- **Social Ill Risk Factors inter-relationship: Established in the research***:
  - Correlation b/w Mental Illness (MI) and Substance Abuse (SA)-co-morbidity.
  - Correlation b/w MI, SA and Child Neglect
    62% of TX confirmed child abuse victims due to Neglectful Supervision.
  - Neglectful Supervision related to single mothers and absentee fathers
  - Teen Pregnancy, Domestic Violence and Substance Abuse: High risk factors for child abuse and neglect.
  - Substance Abuse, Violence and Unemployment: High risk factors for Adult Corrections resulting in absentee fathers.
- Those abused and neglected have significantly higher risk of substance abuse, mental health issues, cognitive deficits/ school problems, early pregnancy and domestic violence.



*See "Senate Health & Human Services Committee Charge #13 – Mental Health Services for Abused and Neglected Children, March 11, 2010, TexProtects for research substantiating these correlations.

## SB 2080 Blue Ribbon Task Force

Charge: The task force shall establish a strategy for reducing child abuse and neglect and for improving child welfare in Texas

Currently Researching State Strategic Plans:

Florida

North Carolina

Washington

New Jersey

Wisconsin

# Importance of Evaluating State Prevention Programs*:

Program Evaluation is a process with each stage contributing to the overall evidence for a program's effectiveness, utility and acceptance by professionals

*Outputs are not Outcomes*



* Slides 4-5 based on Delbert S. Elliott, Ph.D., Center for the Study and Prevention of Violence, University of Colorado, Boulder : Defining "Evidence-Based": Developing a Standard for Judging the Quality of Evidence for Program Effectiveness and Utility. From Blue Prints for Violence Prevention Conference, April 7-9, 2010 San Antonio, Texas

# Hierarchical Research Design Classification*

- I. *Model*: Experimental Design > 1 Randomized Controlled Trial (RCT), Independent Evaluation, Sustained Effects over one year after intervention ceases, validity threats controlled.
- II. *Effective*: 1 RCT: replication not independent.
- III. *Promising*: Quasi-Experimental or RCT, no replication
- IV. *Inconclusive*: Contradictory findings or non-sustainable effects
- V. *Ineffective*: Meets all standards but with no statistically significant effects (pre-post test, Q-E trial with poorly matched control group).
- VI. *Harmful*: Meets all standards but with negative main effects or serious side effects
- VII *Insufficient Evidence*: All others

*Adapted from *Hierarchical Classification Framework for Program Effectiveness*, Working Group for the Federal Collaboration on What Works, 2004. www.ncjrs.gov/pdffiles1/nij/220889.pdf

# Proposed Strategy for Prevention Merger*

- Review existing department programs for minimum evidence-based effectiveness: Such as "model, effective, promising practice" programs.
- Evaluate programs that have not been evaluated for effectiveness and return on investment (not outputs) using rigorous research designs.
- Partner with our Publicly-Funded Universities to conduct evaluations

Slides 6-12 based on Roundtable for Child Protection Prevention Sub-group approved legislative funding priorities: Adapted to Charge #2. Prevention sub-group Members listed on Slide 26.

# Proposed Strategy for Prevention Merger

- Re-tool programs whose evaluations conclude program ineffectiveness or whose outcomes are inconclusive.
  - Incorporate proven strategies/ program components from model programs in re-tooling.
- Redirect funds from programs shown to be harmful (and ineffective programs which are not amenable to re-tooling) to programs shown to be effective.

Scarce Resources dictate responsible investment in effective programs- nothing less.

# Proposed Strategy for Prevention Merger

- Develop a comprehensive continuum of proven programs/ strategies over the life course developmental trajectory.
- Identify gaps of proven programs along continuum.
- Add Proven Programs to fill gaps.

# Proposed Strategy for Prevention Merger

- Merge evidence based programs into one department.
- Use saved overhead funds for increased universal, selected and indicated program delivery of effective programs.
- Initiate intervention with community buy-in in one site (county/city) and plan a roll-out.
- Ensure fidelity to the model with strong monitoring.

# Proposed Strategy for Prevention Merger

- Weight existing and additional investment to strategies/ programs:
  - Most solid evidence of effectiveness, proven in reducing identified problem/ promoting individual and family strengths
  - Show a high positive ROI
  - Weighted towards highest risk populations
  - Programs with interventions that start as early as possible before social ill/ child abuse / delinquency is a factor (Primary and secondary prevention) while behaviors are more pliable/ less entrenched.
  - Scalable programs.

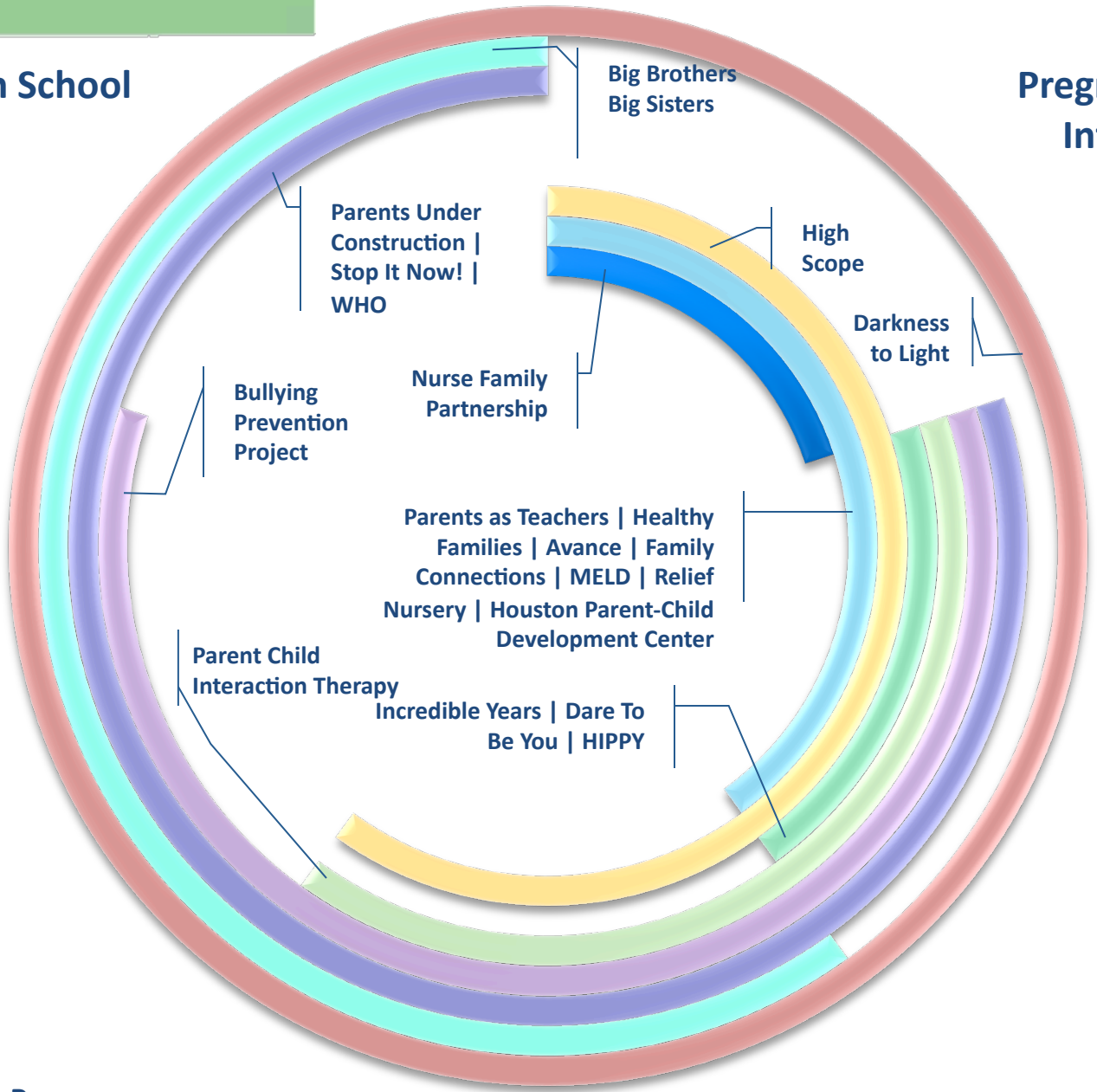
# Invest in Prevention Continuum over life course developmental trajectory*

- **Pre-pregnancy:** Child development Education Parent/ Life Skills Education: Junior H.S.-H.S
- **Pre-natal:** Home visitation promoting maternal health, parenting skills, child cognitive development, decreasing subsequent pregnancies, promoting parental self-sufficiencies, etc.
- **Ages 0-6 Post-natal**: Home visitation programs working to promote child-parent bond, parenting skills, child development knowledge, school-readiness, etc.
- **Ages 0-12**-Safe and Quality Child Care and Respite Care for parental relief
- **Ages 3-on:** Mental health counseling for abuse victims to break cycle of violence, including foster youth
- **Ages 5-17:** Child self-protection programs and programs teaching adults to protect and supervise youth from sexual abuse, bullying.
- **Ages 10-18**: Mentoring at-risk youth, including former foster youth to decrease substance abuse, juvenile delinquency, violence and teen parenting.
- **Public Awareness/ Education:** Universal programs to decrease child abuse behaviors, promote positive parenting. Not relying solely on hospitals, schools and program providers to disseminate information.



*Based on 1997 "An Approach to Preventing Child Abuse" Prevent Child Abuse America adapted from Chon Donnelly, National Committee to Prevent Child Abuse

# Prevention Across Life Course Developmental Trajectory *






* Sample Programs

# Process Evaluation: Is the program delivering the intervention as designed?

- **Fidelity to the Model**:
- Intervention being delivered must be delivered to the intended population, with the intended dosage, for the intended duration and with high quality.
- Must have effective data collection, storage and retrieval system in place.
- Staff must be adequately trained to deliver the intervention.
- Cannot cut corners and make a program "less expensive" and expect effective outcomes.
- Slides 13-18 based on Delbert S. Elliott, Ph.D., Center for the Study and Prevention of Violence, University of Colorado, Boulder : Defining "Evidence-Based": Developing a Standard for Judging the Quality of Evidence for Program Effectiveness and Utility. From Blue Prints for Violence Prevention Conference, April 7-9, 2010 San Antonio, Texas

# How valuable is the intervention in the real world of competing priorities for funding?

- **Cost effectiveness**-converts program input into monetary units;
- **Cost-Benefit Ratios** – converts both inputs and effects into monetary units; calculates the ratio of benefits to costs.

Prioritize Funding by Return on Investment:

We Cannot afford to *not* invest in programs that save state dollars.

# APPENDIX

# University of Houston Evaluation: Evidence Based Practice EBP Scores*

| Program/Curriculum | EBP SCORE |
|---|---|
| Nurse-Family Partnership | 33 (YWCA of Metropolitan Dallas) |
| Nurturing Parenting | 31 [DePelchin Children's Center-Gulfton; DePelchin Children's Center] also 25,27,28, 30 |
| Healthy Families – New York | 29 HFA [Healthy Families San Angelo, Inc; Parenting Center] HFA 26 |
| Parents As Teachers | 29 [Family Care Connection] also 25, 26 |
| Dare To Be You | 29 (Family Services Center) |
| STEP - School Transitional Environmental Program | 29 (DePelchin Children's Center) |
| Family Connections | 28 [DePelchin Children's Center; DePelchin Children's Center-Gulfton; New Horizons Ranch & Center, Inc.] Also 22, 23 |
| Avance | 25 [AVANCE Dallas; AVANCE Rio Grande Valley-Cameron County] |
| Brief Strategic Family Therapy | 25 (Family Services Center) |
| Effective Black Parenting | 25 (Catholic Charities, Diocese of Fort Worth) |
| African American Nurturing Parenting | 24 (United Way of San Antonio & Bexar County) |



***Report to the Interagency Coordinating Council for Building Healthy Families and the Department of Family and Protective Services. Evaluation Elements 1-6 Final Report, The Office of Community Projects The Graduate College of Social Work University of Houston, August, 2009**

# EBP Scores

| PROGRAM/ Curriculum | EBP SCORE |
|---|---|
| Responsible Fatherhood // per PEI this is the same program as Fatherhood Development: A Curriculum for Young Fathers | 24 (Children's Shelter) |
| 24/7 Dad | 23 (Family Services Center) |
| Children in the Middle | 23 (Family Services Center) |
| Enhancing Nurturing Parenting Skills in African American Families | 23 (Family Services Center) |
| Dads Make a Difference | 21 (Healthy Families San Angelo, Inc.) |
| 1-2-3 Magic | 21 (Catholic Charities, Diocese of Fort Worth) |
| Homebuilders | 21 (Catholic Charities, Diocese of Fort Worth) |
| Parent's Anonymous | 18 [Children's Advocacy Center of Tom Green County] Also 11 |
| Big Brothers Big Sisters of America | 18 (Big Brothers/Big Sisters of South Texas) |
| CALMS | 17; Family Connections |

# EBP Scores

| PROGRAM/ Curriculum | EBP SCORE |
|---|---|
| Parenting Wisely | 17 (Greater Port Arthur Chamber of Commerce) |
| Love and Logic | 16 (Catholic Charities, Diocese of Fort Worth) |
| Middle Way | 13 (United Way of San Antonio & Bexar County) |
| Parenting Counts | 11 (Family Connections) |
| Healthy Start-Grow Smart | 10 (Dallas County Hospital District) |
| Practical Parent Education | 10 (Dallas County Hospital District) |
| Child Communication Classes | 09 (Dallas County Hospital District) |

# The Blueprints Strategy: Possible Model for Texas

In 1996, The Center for the Study and Prevention of Violence (CSPV), at the University of Colorado at Boulder, with startup funding from the Colorado Division of Criminal Justice, Centers for Disease Control and Prevention, and the Pennsylvania Commission on Crime and Delinquency, designed and launched a national violence prevention initiative to identify violence prevention programs that are effective.

The project, called Blueprints for Violence Prevention, funded by the Office of Juvenile Justice and Delinquency Prevention since 1998, has identified 11 model and 19 promising prevention and intervention programs.

- A systematic review of 800 individual program evaluations to identify violence, drug abuse and delinquency prevention programs that meet a high scientific standard of effectiveness (add other identified social ills).
- Individual programs meeting this standard are certified as Model or Promising evidence-based programs.
- Only Model programs are considered eligible for widespread dissemination

# Effective Delinquency, Substance Abuse, Violence Prevention Programs

The Blueprints model programs are:

- Midwestern Prevention Project (MPP)
- Big Brothers Big Sisters of America (BBBS)
- Functional-Family Therapy (FFT)
- Life Skills Training (LST)
- Multisystemic Therapy (MST)
- Nurse-Family Partnership (NFP)
- Multidimensional Treatment Foster Care (MTFC)
- Olweus Bullying Prevention Program (OBPP)
- Promoting Alternative Thinking Strategies (PATHS)
- The Incredible Years: Parent, Teacher and Child Training Series (IYS)
- Project Towards No Drug Abuse (Project TND)

# Effective "Promising" BluePrints Prevention Programs

- Athletes Training and Learning to Avoid Steroids (ATLAS)
- Behavioral Monitoring and Reinforcement Program
- Brief Alcohol Screening and Intervention of College Students (BASICS)
- Brief Strategic Family Therapy (BSFT)
- CASASTART
- Communities That Care
- FAST Track
- Good Behavior Game (GBG)
- Guiding Good Choices (GGC)
- I Can Problem Solve (ICPS)
- Linking the Interests of Families and Teachers (LIFT)
- Perry Preschool Project
- Preventive Treatment Program
- Population Level Triple P
- Project Northland
- Raising Healthy Children
- Seattle Social Development Project
- Strengthening Families Program For Parents and Youth 10-14
- Strong African American Families (SAAF)

# Evidence-Based / Effective and Promising Programs in CA/N Prevention*

Major Service Models:

- Home-based services/home visitation (NFP, PAT, HFA Avance, various programs and models)
- Parent education and parent training (various programs and services)
- Mutual support/social support (Circle of parents, Parents anonymous, Parent to Parent)
- Respite care (various models)
- Early Childhood Initiatives (Head Start, HIPPY)
- Primary Health Care Initiatives (Triple P, Healthy steps, etc)
- Child Sexual Abuse Prevention (School based, STOP IT NOW!, D2L)
- Family Resource Centers



*Slides 19-21 per Dr. Christopher Greeley review of North Carolina: "New Directions for North Carolina": A Report of the NC Institute of Medicine Task Force on Child Abuse Prevention, September, 2005

# Effective Prevention Strategies

Strengthening Families:

- Focus on Pregnancy and the Early Years of Childhood (medical homes, coordination)
- Home visiting services (coordination and state-wide vision)
- Maternal and Child Health Services (maternal care coordination, identification of risks)
- Early Intervention Services (developmental services/agencies, identification of risks)
- Primary Health Care Providers (medical homes, developmental services, coordinated case-management)
- Early Childhood Mental Health Services and Practices (coordination of comprehensive mental health plan)
- Early Childhood Education (improving training for childcare workers and teachers)

# Incorporate in Prevention Dept.

Build Services Developmentally According to Family Need

- Parent Support Services (coordination of public and private support services)
- Services through the Public Schools (counselors, after-school programs)
- Services through Social Services Providers (multiple response)

Reducing Risk Factors

- Unwanted or Closely Spaced Pregnancies (family planning, education)
- Preventing Adolescent Pregnancy (family planning and education)
- Substance Abuse (increased services for teens and pregnant moms)
- Postpartum and Maternal Depression (improved screening)
- Domestic Violence (work with public and private agencies, pilot programs)
- Children with Disabilities (strengthen screening and early intervention services)
- Unavailable/Inadequate Childcare (improve access and support for at risk families)
- Natural Disasters
- Military Communities
- Incarcerated Parents

# Family Support Elements*

The literature on family support programs is particularly useful in identifying basic goals of prevention and promotion programs that utilize a strengths-based approach. Multiple authors describe family support programs as programs that:

- Enable families to help themselves and their children
- Empower and strengthen adults in their roles as parents, enhance parental capacity, and empower parents to act on their own behalf
- Help prevent problems rather than correct them
- Encourage and enable families to solve their own problems
- Increase the stability of families
- Increase parents' confidence and competence in their parenting abilities, especially contributing to maternal and infant health and development
- Promote the flow of resources and supports to families



*Slides 22-23 Per Dr. Nancy Harper's Review of The New Jersey Task Force on Child Abuse and Neglect. State of New Jersey, Department of Human Services, 2003

# Strengthening America's Families Program Matrix

Ratings: Exemplary I, Exemplary II, Model, Promising (Highest to Lowest)

| | **Universal** (General Population) | **Selected** (High Risk Population) | **Indicated** (In-Crisis Population) |
|---|---|---|---|
| Age 0–5 | HIPPY (Model) 3–5, New York, NY<br>Make Parenting A Pleasure (Promising) 0–8, Eugene, OR<br>MELD (Model) 0–5, Minneapolis, MN<br>Parents As Teachers (Model) 0–5, St. Louis, MO<br>Raising a Thinking Child: I Can Problem Solve for Families (Exemplary II) 4–7, Philadelphia, PA | Dare to be You (Model) 2–5, Cortez, CO<br>Healthy Families America (Model) 0–5, Indianapolis, IN<br>Prenatal and Early Childhood Nurse Home Visiting Program (Exemplary II) 0–5, Denver, CO | Healthy and Fair Start/CEDEN (Model) 0–5, Austin, TX<br>Helping the Noncompliant Child (Exemplary I) 3–7, Seattle, WA |
| Age 6–10 | Preparing for the Drug Free Years (Exemplary I) 8–14, Seattle, WA | The Incredible Years: Parents and Children's Training Series (Exemplary I) 3–10, Seattle, WA<br>Strengthening Families Program (Exemplary I) 6–10, Salt Lake City, UT<br>Strengthening Hawaii's Families (Model) 5–12, Honolulu, HI<br>Families and Schools Together (Model) 3–14, Madison, WI | Focus on Families (Model) 3–14, Seattle, WA |
| Age 11–18 | Parents Who Care (Model) 12–16, Seattle, WA<br>Strengthening Families Program: For Parents and Youth 10–14, (Exemplary II) 10–14, Ames, IA | Adolescent Transitions Program (Exemplary II) 11–18, Eugene, OR<br>Creating Lasting Family Connections (Model) 9–17, Louisville, KY | Bethesda Day Treatment (Promising) 10–18, Milton, PA<br>Brief Strategy Family Therapy (Exemplary II) 8–17, Miami, FL<br>Functional Family Therapy (Exemplary I) 6–18, Salt Lake City, UT<br>Multidimensional Family Therapy (Exemplary II) 11–18, Miami, FL<br>Multisystemic Therapy (Exemplary I) 10–18, Charleston, SC<br>Treatment Foster Care (Exemplary I) 12–18, Eugene, OR |
| Age 0–18 | NICASA Parent Project (Model) 0–18, Round Lake, IL<br>Parents Anonymous (Promising) 0–18, Compton, CA | Effective Black Parenting (Model) 2–18, Studio City, CA<br>Nurturing Parenting Program (Model) 1–18, Park City, UT<br>Strengthening Multi-Ethnic Families and Communities Program (Promising) 3–18, Los Angeles, CA | HOMEBUILDERS (Model) 0–18, Federal Way, WA<br>Parenting Wisely (Exemplary II) 6–18, Athens, OH<br>Project Seek (Model) 0–18, Lansing, MI<br>Nurturing Program for Families in Substance Abuse Treatment and Recovery (Promising) 0–18, Cambridge, MA |

Source: *Strengthening America's Families: Model Family Programs for Substance Abuse and Delinquency Prevention,* Alvarado, R., Kendall, K., Beesley, S., Lee-Cavaness, C. (eds). University of Utah, Depart. of Health Promotion and Education, April 2000, p. ix.

# FLORIDA'S MODEL*

Florida has two primary plans they are working from:

1) Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 to June 2010 which is developed by The Florida Interprogram Task Force.

- The Florida Interprogram Task Force is made up of 20 members from the following:
- Agency of Persons with Disabilities,
- Agency for Workforce Innovation,
- Community Alliances,
- Community-Based Care,
- Florida Department of Children and Families,
- Florida Department of Education,
- Florida Department of Health,
- Florida Department of Juvenile Justice,
- Florida Department of Law Enforcement,
- Miccosukee Tribe,
- Prevent Child Abuse Florida and
- Parents



Slides 24-26 Per Task Force V.P. James Castro's review of Florida's Child Abuse Prevention Strategic Plan

# FLORIDA'S MODEL

2) Florida Child Abuse Prevention and Permanency Plan: January 2009 to June 2010 which is developed by The Office of Adoption and Child Protection

- This component is part of the Executive Office of the Governor.
- The Office of Adoption and Child Protection is made of staff from this office and the Governor's Child Abuse Prevention and Permanency Advisory Council.
- The Governor's Office of Adoption and Child Protection has been established to prevent child abuse, abandonment, and neglect; promote adoption; and support families.
- In order to meet this directive, the Office has established the Child Abuse Prevention and Permanency Advisory Council to serve as its research arm and to guide the planning for and the implementation of the state plan.
- The 32-member Advisory Council represents child serving and child advocating agencies, organizations and parents across Florida.

# FLORIDA'S MODEL

Additionally, the Governor's Office of Adoption and Child Protection charged each judicial circuit with creating a local planning team.

- These teams were responsible for developing local plans of action that were used by the statewide Advisory Council in developing the state's plan of action for prevention and permanency.

- The purpose of the state plan of action for prevention and permanency is to articulate a multi-disciplinary approach for supporting good outcomes for children and their families.

- It requires a united effort to provide for the care, safety and protection of all of Florida's children in family community environments that foster healthy social, emotional, intellectual and physical development. This planning effort sought to create a statewide model.

# Defining "Evidence-Based"

- Programs classified as Model, Effective, or Promising on Federal Hierarchy
- Consistently positive effects from Meta Analyses
- Only Model /Effective programs should be taken to scale

# Definition of Prevention

**Prevention Defined**: "coordinated actions seeking to prevent predictable problems, to protect existing states of health and health functioning, and to promote desired potentialities in individuals and groups in their physical and socio-cultural settings over time." (Martin Bloom, 1996)

**Treatment** is acting to eliminate or reduce the effects of an existing problem;

**Prevention** is deterring a potential problem before the onset of negative functioning to reduce the incidence or prevalence of poor outcomes;

**Promotion** is enhancing and optimizing positive functioning to develop and increase a person's or family's competencies and capabilities. (Prevention programs often use promotion).

# Definition of Prevention*

**Primary prevention (Universal)** targets the general population and offers services and activities before any signs of undesired behaviors may be present; no screening occurs (Media campaigns, shaken baby education for every new parent).

**Secondary prevention (Selected)** is directedtothose who are "at risk" of possibly engaging in negative social behavior, before it occurs. (Home visitation programs targeting low-income first-time mothers and their families).

**Tertiary prevention (Indicated)** is provided after maltreatment has occurred, to reduce the impact of maltreatment and avoid future abuse. (Mental Health treatment, counseling: Therapeutic substitute care placements: Working with children who have been abused or working with families where abuse has occurred).



* Slides 4-5: "Standards for Prevention Programs: Building Success through Family Support", The New Jersey Task Force on Child Abuse and Neglect. State of New Jersey, Department of Human Services, 2003

# Definitions of Research Designs:

## Types of Evaluations

| Design | Description |
|---|---|
| – Experimental studies | Randomized controlled trials are the most rigorous for evaluating program effectiveness. These evaluations randomly assign a target population to an experimental group that receives an intervention and a control group that does not receive an intervention. Differences in outcomes for the two groups can be attributed to the intervention with a high degree of confidence if the evaluation is well-designed. However, the cost and expertise needed to conduct such an evaluation are prohibitive for most programs. In addition, ethical issues regarding the provision of services to families in the control group must be addressed. In child abuse prevention, there are some, but not many, programs that have undergone such rigorous evaluation. |
| – Quasi-experimental studies | Quasi-experimental studies use a non-randomized, comparison group design in which the intervention and comparison groups are closely matched. Differences in outcomes for the intervention and comparison groups are seen as "possible evidence" of program effectiveness. However, causality cannot be established with a high level of confidence as differences in the groups that are not easily observable (level of motivation in the intervention group, etc.) may account for differences in outcomes. Quasi-experimental studies are less costly and easier to conduct than randomized, controlled trials, and are more common in evaluating child abuse prevention programs. Nevertheless, quasi-experimental studies still require significant resources and expertise in implementation |
| – .Non-experimental studies | Non-experimental designs do not compare the intervention group to another group, either a randomized control group or a comparison group. So, they cannot determine with a high degree of confidence that changes in program participants are caused by the program intervention or by other factors. Non-experimental designs include pre/post testing with no control group, focus groups, case studies, and ethnographic approaches. Many child abuse prevention programs utilize non-experimental designs in evaluating their programs because of constraints in funding and staff expertise. |

# Blue Ribbon Task Force for Child Abuse Prevention and Child Welfare

Membership:

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# Child Abuse Prevention Subgroup

## Chaired by Jim Hine, former E.D. TDFPS

Lisa Oglesby-Rocha, Avance – Dallas
*Mandi Sheridan Kimball & Jennifer Solak, Children at Risk
Jane Collins, Family Outreach Dallas
Marianne Ehrlich, Healthy Family Initiatives
*Susan McDowell, Lifeworks
GylWadge Switzer, Mental Health America of Texas & Texas Parents as Teachers
Laura Misuk, Nurse Family Partnership
Jim Hine, Public Policy Solutions
Karyn Purvis, TCU Institute of Child Development
Eileen Garcia & Jodie Smith, Texans Care for Children
Susan Craven, Texas Association for Infant Mental Health
Kara Johnson & Don Smith, Texas Early Childhood Education Coalition
Carla Weir, Texas HIPPY Center
Christine Gendron & Theresa Tod, Texas Network of Youth Services
Madeline McClure, Diana Martinez, Heather Edwards, TexProtects

*Subgroup members who were unable or unavailable to participate in the voting process.